

Chelan County Sheriff's Office Brian Burnett, Sheriff

In conjunction with:



Presents a Ki Fighting Concepts *X***-Dtac**™ Seminar

Comprehensive Knife

We'll take a real world look at offensive and defensive knife. Learn what works and how to use it in a Law Enforcement setting.

Date-October 18, 2011

Class duration - 6 hours, with a 1 hour lunch break

Start time -0900 End time -1600

Cost - \$50.00 per attendee

Location – KI Fighting Concepts Gym 4 Kittitas St, Wenatchee

Student Needs/Requirements

Comfortable clothing and shoes suitable for extreme physical training A "Can-Do" attitude

About the Instructors

Joseph Simonet began his martial arts training in 1972 and has trained DT Instructors from Chelan County and Wenatchee PD for over 10 years. Mr. Simonet is a 9th degree black belt in Tracy's Kenpo Karate, a 4th level black belt under Chris Petrilli in Doce Pares and holds multiple other titles.

Assisting Mr. Simonet is Addy Hernandez. Mrs. Hernandez has been training with Simonet and in other various arts since 1994. Mrs. Hernandez is a 5th Degree in K I Fighting Concepts, 4th Degree in Kenpo Karate, 4rd Degree in Doce Pares, 2nd Degree in Escrima Eskrido, and Black Belt Level in Yang Style Tai Chi.

For more information regarding the qualifications of Joseph Simonet and Addy Hernandez see their website at http://www.kifightingconcepts.tv/biographies.html

To register for this exceptional seminar email your registration form to doug.corulli@co.chelan.wa.us Or call (509) 630-7552



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Law and Justice Bldg ★ 401 Washington Street #1 ★ Wenatchee, WA 98801 Phone: (509) 667 6851 ★ Fax: (509) 667 6860

Application Form for X-Detac Training					
GENERAL INFORMATION					
Applicant's Name:	(Last)		(First)		(Middle)
Title/Rank:	Applicant's F		Personnel Number:		Male Female
Primary Duty Assignment:			Agency:		
Agency Phone:	Agency Fax:		Applicant's Agency E-Mail @		Address:
Agency Mailing Address:	(Street or PO Box)		(City)		(Zip)
COURSE INFORMATION					
Course Title:			Course Date:		
MEALS AND LODGING Meals, lodging, and any cos and/or their agency.	ts incurred	during this co	urse will be th	e sole respor	nsibility of the applicant
TRAINING COORDINATOR EMAIL ADDRESS	@				
Agency representative authorattendance:	orizing			For (CCSO Use Only
Name	Ti	tle			
Signature	Da	ate			
Return completed application f c/o Deputy Douglas Corulli. A doug.corulli@co.chelan.wa	applications n	may also be sen	t as an email a	ttachment to	